

**From:** Wells, Kimberly [wells.kimberly@epa.gov]  
**Sent:** 7/31/2017 7:50:06 PM  
**To:** Magnuson, Janet [Magnuson.Janet@epa.gov]  
**Subject:** FW: significant deficiency letter for Polacca Water System  
**Attachments:** 2016 11 14-Sanitary Survey-090400106-Cover significant deficiencies.docx

## Ex. 5 Attorney Client (AC)

Kimberly Wells  
Attorney Advisor  
Office of Regional Counsel  
U.S. EPA Region 9  
75 Hawthorne Street, 12th Floor  
San Francisco, CA 94105  
(415) 972-3056

This email, including attachments, may contain information that is confidential and/or protected by the Attorney-Client or other privileges.

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**From:** Rodriguez, Roberto  
**Sent:** Wednesday, April 19, 2017 12:55 PM  
**To:** Chan, Patrick <Chan.Patrick@epa.gov>; Hecht, Hillary <Hecht.Hillary@epa.gov>; Magnuson, Janet <Magnuson.Janet@epa.gov>; Wells, Kimberly <wells.kimberly@epa.gov>  
**Subject:** FW: significant deficiency letter for Polacca Water System

FYI...

Roberto Rodriguez, Manager  
Safe Drinking Water Act Enforcement Office  
Enforcement Division, EPA Region 9  
75 Hawthorne Street (ENF-3-3)  
San Francisco, CA 94105  
415-972-3302

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**From:** Rapicavoli, Emmanuelle  
**Sent:** Wednesday, April 19, 2017 10:09 AM  
**To:** Rodriguez, Roberto <Rodriguez.Roberto@epa.gov>  
**Cc:** Albright, David <Albright.David@epa.gov>  
**Subject:** significant deficiency letter for Polacca Water System

Hello Roberto,

## Ex. 5 Deliberative Process (DP)

# Ex. 5 Deliberative Process (DP)

I've attached the full letter for you to take a look at. We wanted to run the above language by your office. Please let me know if you have questions or concerns. Thanks

Emmanuelle

Emmanuelle Rapicavoli  
Drinking Water Protection Section (WTR 3-2)  
Environmental Protection Agency, Region 9  
75 Hawthorne Street  
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**Please:** All data submittals to our office should be sent by email to [datamanager@epa.gov](mailto:datamanager@epa.gov) with a copy to me (or your project manager in the Drinking Water Office). Data reports are due no later than the **10<sup>th</sup>** of the month following the month that you receive results, or the **10<sup>th</sup>** of the month following the compliance period, whichever comes first. Please include the whole lab report and copy of the Chain of Custody. Label with PWS name and number; & source or distribution system location codes or names for data collection points.